

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Moore  
Secretary of Finance  
DIVISION OF CORPORATIONS

DOCUMENT # P94000065277 (3)

1. Corporation Name

ARLINGTON FAMILY MEDICAL ACCUPUNCTURE, INC.



Principal Place of Business

Mailing Address

6665 BANBURY RD.  
JACKSONVILLE FL 32211

6665 BANBURY RD.  
JACKSONVILLE FL 32211

2. Principal Place of Business

2a. Mailing Address

21 6665 BANBURY RD

26 2359 ANNISTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Jacksonville FL

27 Jacksonville FL

City & State

City & State

23 Zip 32211 Country USA

28 Zip 32246 Country USA

24

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9. Name and Address of Current Registered Agent

MALALANG, BENJAMIN S  
6665 BANBURY RD.  
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified

09/01/1994

3a. Date of Last Report

02/07/1995

4. FEI Number

59-3270014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(In the Right

Agent's signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D MALALANG, BENJAMIN S 2359 ANNISTON RD. JAX. FL 32246 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D MALALANG, OFELIA M 2359 ANNISTON RD. JAX. FL 32246 ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

OFELIA M. MALALANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

(904) 727-6679

Date

Day/Time/Phone #

CR2E034 (12/95)